

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

May 11, 2010

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: MARTA STAGLIANO, CHIEF, COMPLIANCE *m. stagliano*

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1200 – PHARMACY SERVICES

BACKGROUND AND EXPLANATIONS

In July 2008, the Drug Use Review (DUR) Board approved prior authorization requirement to override the dispensing of a brand drug instead of a generic equivalent drug. This change in policy will require prior authorization for prescriptions that have been marked “Dispense As Written” by the prescriber.

The policy for the Synagis® (Palivizumab) is being modified to align the dispensing of the drug with the Center for Disease Control (CDC) published season. If approved, changes will be effective May 12, 2010.

MATERIAL TRANSMITTED

MTL 18/10
CHAPTER 1200 – PHARMACY
SERVICES

Sec. 1203.1B.4.d

Added “to override generic substitution.”

Appendix A 3.F.1

Added “within the RSV season duration as indicated by the Center for Disease Control (CDC).”

MATERIAL SUPERSEDED

MTL 02/07
CHAPTER 1200 – PHARMACY
SERVICES

Deleted “not”

Deleted “unless subject to Section 1203.1(A)1-2 or Appendix A of this Chapter.”

Deleted “between October 1st and April 30th.”